

**TOWN OF BOOTHBAY HARBOR
11 HOWARD STREET
BOOTHBAY HARBOR, ME 04538
(207) 633-3671**

**APPLICATION FOR ABATEMENT OF LOCAL PROPERTY TAX
(Under 36 M.R.S.A. §41)**

Name of Applicant: _____

Name of Spouse: _____

Address: _____

Phone Number: _____

Marital Status: Single _____ Widowed _____ Separated _____
 Married _____ Divorced _____

List all household members including applicant and spouse:

	Birthdate	Occupation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you or your spouse a disabled Veteran? Yes _____ No _____

If either you or your spouse is disabled, specify which and describe disability:

Applicant: _____

Spouse: _____

Please describe real estate for which abatement is requested:

DESCRIPTION (Street number or Map & Lot number)	LOCATION (Town)	CURRENT ASSESSED VALUE
_____	_____	_____
_____	_____	_____

To the Municipal Officers for the Municipality of Boothbay Harbor, Maine:

In accordance with the provisions of 36 M.R.S.A §41, I hereby make written application for abatement of my property taxes as noted above. The above statements are true to the best of my knowledge and belief.

_____ Date

_____ Applicant

_____ Date

_____ Applicant

STATE OF MAINE

LINCOLN COUNTY, ss

Subscribed and sworn to before me this day.

_____ Date

_____ Notary Public

_____ The abatement requested is allowed in the amount of \$ _____ valuation.

_____ The abatement requested is denied.

_____ Date

_____ Municipal Official

_____ Date

_____ Municipal Official

_____ Date

_____ Municipal Official

_____ Date

_____ Municipal Official

_____ Date

_____ Municipal Official

1. Mortgages or encumbrances on this property? \$ _____
Lender _____

2. Name or names on deed to this property _____

3. Year or years for which abatement is requested _____

4. Amount of property tax abatement requested \$ _____
(specify either total or write in the amount that you feel you are unable to pay.)

5. Reason for requesting abatement? _____

6. Please list with amounts all family income from every source and not whether this income is received weekly, monthly, yearly, etc.

a. Social Security Benefits \$ _____

b. Supplemental Security Income (SSI) \$ _____

c. Veteran's Pension \$ _____

d. Aid to Families with Dependent Children (AFDC) \$ _____

e. General Assistance from Town or City
(received regularly) \$ _____

f. Unemployment Compensation \$ _____

g. Net Income from Employment \$ _____
Name of Employer _____

h. Child Support Payments \$ _____
(received regularly)

i. Alimony \$ _____
(received regularly)

j. Income from Renters, Roomers, or Boarders \$ _____

k. Educational Grants \$ _____

l. Other Retirement \$ _____

m. Annuity or Trust Fund \$ _____

n. Interest from Security or Investments \$ _____

o. Gifts (occurring on a regular basis) \$ _____

p. Any other income \$ _____
(please specify _____)

7. ASSETS -- (please list cash value)

a. Real estate other than your home \$ _____

b. Car (make _____ year _____) \$ _____

c. Valuable personal property \$ _____
(other than necessary household furnishings)
(please specify _____)

d. Savings Account \$ _____

e. Stocks, Bonds \$ _____

f. Life Insurance \$ _____

g. Checking Account \$ _____

h. Cash on Hand \$ _____

i. Other (please specify _____) \$ _____

8. OUTSTANDING INDEBTEDNESS

Creditors Name	Total Amount Owed
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

9. ESTIMATED MONTHLY NEEDS

- a. Food \$ _____
- b. Household Supplies (paper towels, detergent, etc.) \$ _____
- c. Personal Supplies (soap, toothpaste, etc.) \$ _____
- d. Medicine (non prescription) \$ _____
- e. Medicine (prescription) \$ _____
- f. Medical Insurance Premium \$ _____
- g. Dental Costs \$ _____
- h. Life or other Insurance (please specify _____) \$ _____

10. SHELTER

- a. Mortgage Payment \$ _____
- b. Property Tax \$ _____
- c. Trailer Lot Rent \$ _____
- d. Heating Fuel (annually) \$ _____
- e. Electricity \$ _____
- f. Gas \$ _____
- g. Telephone \$ _____
- h. Water \$ _____
- i. Sewage \$ _____
- j. Homeowner's Insurance \$ _____
- k. Trash Removal \$ _____
- l. Home Repairs (prorate yearly cost per month) \$ _____

11. TRANSPORTATION

- a. Automobile Payments \$ _____
- b. Automobile Insurance \$ _____
- c. Automobile Excise Tax and Registration \$ _____
- d. Driver's License Fee \$ _____
- e. Automobile Repairs (prorate yearly figure monthly) \$ _____
- f. Transportation Cost \$ _____
(gas, oil, etc. other than to and from work)

12. WORK RELATED EXPENSES

- a. Transportation cost to and from work \$ _____
- b. Cost of Special Equipment \$ _____
- c. Cost of Special Clothing \$ _____
- d. Cost of Lunch or Dinner at Work \$ _____
- e. Child Care Costs \$ _____

13. OTHER

Installment Payments \$ _____
(Specify to whom _____
_____)